



Abbreviations

HM = Human Milk
Ft = Fruit
Veg = Vegetable
IFF = Iron Fortified Infant Formula
IFC = Iron Fortified Infant Cereal

Opt= Optional
Tbsp = Tablespoon
S = Snack

Iowa CACFP

4-7 Months - Individual Infant Monthly Menu

Directions: This monthly menu form is for one infant (age 4-7 months). Date and complete the menus as served.

Revised 12/2004

Month & Year		Birth date	
Infant's Name		Formula Name	
Who provides formula?	Parent or Center (circle one)	Optional foods tried and now required	

	Infant Meal Pattern*	Monday Date:	Tuesday Date:	Wednesday Date:	Thursday Date:	Friday Date:
Bft	4-8 oz HM or IFF					
	0-3 Tbsp IFC (Opt)					
Lunch	4-8 oz HM or IFF					
	0-3 Tbsp IFC (Opt)					
	0-3 Tbsp Ft and/or Veg (Opt)					
S	4-6 oz HM or IFF					
	Infant Meal Pattern*	Date:	Date:	Date:	Date:	Date:
Bft	4-8 oz HM or IFF					
	0-3 Tbsp IFC (Opt)					
Lunch	4-8 oz HM or IFF					
	0-3 Tbsp IFC (Opt)					
	0-3 Tbsp Ft and/or Veg (Opt)					
S	4-6 oz HM or IFF					
	Infant Meal Pattern*	Date:	Date:	Date:	Date:	Date:
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Bft	4-8 oz HM or IFF					
	0-3 Tbsp IFC (Opt)					
Lunch	4-8 oz HM or IFF					
	0-3 Tbsp IFC (Opt)					
	0-3 Tbsp Ft and/or Veg (Opt)					
S	4-6 oz HM or IFF					

*Minimum quantities are listed, some infants will need more food to be healthy.

Note: Prepare the amount of breast milk the baby usually drinks at one feeding. Some babies may drink less than 4 oz. at a feeding. Offer more if the baby still seems hungry.